MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

03587

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bonneville Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John T. Copes

3. (b) Social Security Number: 218-10-2398

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 1, 1915

8. AGE: Years	Months	Days	If less than one day
25	0	28	hrs. min.

9. Birthplace: Hallwood, Va., Accomac County
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Lloyd Savage
13. Birthplace: Accomac Co., Va.

MOTHER
14. Maiden name: Genevieve Copes
15. Birthplace: Kent Co., Del.

16. Informant: William Hinnman
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-31-40 (month) (day) (year)

Cemetery or crematory: Halls Hill Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. March 31 19 40 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1940, at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Peritonitis due to Ischio rectal Abscess. — DURATION: 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Examr
M. D. or other

Address: Snow Hill Md Date signed 3/31/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

03588

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Worcester

City or town Near Bishopville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Sussex

(For newborn infants give residence of mother)

State ~~Maryland~~ Delaware County ~~Worcester~~

City or town Williamsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Russell Daisy

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Iona Parker Daisey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12. 19~~40~~09.

8. AGE: Years 30 Months 6 Days 2 If less than one day hrs. min.

8. Birthplace Delaware (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Wm A Daisey

13. Birthplace Del.

MOTHER

14. Maiden name Anna Tubbs.

15. Birthplace Del.

16. Informant Iona Daisey

Address Selbyville Del. R. D.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Roxana M. E. Cem

Location Roxana

18. Funeral director Clinton H. Watson

Address Frankford Del.

19. March 16 1940 Mrs. Ray Beegey

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Gun shot wound of breast

DURATION —

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/14/40

Where did injury occur? Near Bishopville (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) Fenwick Island

Means of injury Gun shot wound Injured at work? No

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other

Address Snow Hill Md Date signed 3/14/40

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

03589

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Berlin md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) about 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester

City or town Berlin R.F.D. No 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Amanda Derrickson

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a.a.	married

6.(b) Name of husband or wife William T. Derrickson

6(c) If alive, give age about 77 years

7. Birth date of deceased (mo., day, yr.) May 10, 1880

8. AGE: Years	Months	Days	If less than one day
59	10	19	hrs. min.

9. Birthplace Berlin md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Roaches

13. Birthplace Berlin md

MOTHER 14. Maiden name Hester Ayers

15. Birthplace Berlin md

16. Informant William T. Derrickson

Address Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-3-40 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin md

18. Funeral director James F. Stewart

Address Salisbury md

19. 4-1-40 (Date rec'd by registrar) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on 3-29- 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	
Due to	
Due to	
Other conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas R. Parr M. D. or other

Address Berlin Md Date signed 4-1-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

03590
353
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County ~~Wicomico~~ Worcester
City or town Selbyville, Del. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elmer A. Hudson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Henry Hudson
6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 13th, 1870

8. AGE:

Years	Months	Days	If less than one day
70	1	8	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Hudson
13. Birthplace Maryland
MOTHER 14. Maiden name Marsa Hudson
15. Birthplace Maryland
16. Informant Henry Hudson
Address Selbyville, Del. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 23, 1940 (month) (day) (year)
Cemetery or crematory Ebenezer Cem.
Location Wor. Co. near Selbyville, Del.
18. Funeral director Margarette A. Watson
Address Pocomoke City, Md.
19. 3/22 1940 Mrs. Roy Bergey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1940, at 1/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-19 1940, to 3-21 1940
and that I last saw h-eq- alive on 3-21 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G E Jones
M. D. or other
Address Selbyville Date signed 3-22-40

RECEIVED
APR 8 1966
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03591

Reg. Dist. No. 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Levi Henry James.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col'd	Widower

6 (b) Name of husband or wife: Cordelia James

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 12, 1867

8. AGE:

Years	Months	Days	If less than one day
73	1	22	____ hrs. ____ min.

9. Birthplace: Pocomoke City

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Wm. James

13. Birthplace: Pocomoke City, Md

MOTHER

14. Maiden name: Rosie Merrill

15. Birthplace: Pocomoke City, Md

16. Informant: Mrs Bertha Taylor

Address: Pocomoke City

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-17-40 (month) (day) (year)

Cemetery or crematory: Halls Hill Cemetery

Location: Pocomoke City, Md

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. March 14 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Coronary occlusion	1 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John L. Riley Dep Med Ex M. D. or other

Address: Snow Hill Md Date signed 3/14/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

03592 58

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yrs 7 Mo. 29 Dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Rural #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Bradley Thomas Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 14 - 1881

8. AGE: Years 58 Months 7 Days 29 If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Thomas J. Johnson

13. Birthplace Maryland

MOTHER 14. Maiden name Ellen Holston

15. Birthplace Maryland

16. Informant Thomas E. Johnson

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16-1940 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 3/15 1940 (Date rec'd by registrar) LeRoy Smith. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1938, to March 13 1940, and that I last saw h[illegible] alive on March 13 1940.

	DURATION
Immediate cause of death Mitral Stenosis (uncompensated)	about 2 yrs
Due to Chronic nephritis	don't know
Due to Hypertension; arteriosclerosis; toxemia from	" " "
Other conditions Intestinal stasis.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 3/15/40

RECEIVED
APR 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

03593

CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH:
County Worcester
City or town Berlin md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 79 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME C. Ellen King
3. (b) Social Security Number —

4. Sex Female
5. Color or race W
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John King
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec 16, 1860

8. AGE: Years 79 Months 2 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace md. (Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Milby Griffin
13. Birthplace md.
MOTHER 14. Maiden name Marion Moore
15. Birthplace md.
16. Informant Mrs Ethel Kelley
Address Ocean City md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 14, 1940 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin md.
18. Funeral director J. W. Burbage
Address Berlin md
19. 3-14 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death Cerebral
Due to Hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Law M.D. M. D. or other
Address Berlin Md Date signed 3-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03594

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Worcester Registration Dist. No. 352

Village or City Fenwick Island Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Kramlich If U. S. Veteran, specify WAR

(a) Residence: No. 300 C- Front St., Milford St., Ward Social Security No: 222-01-4809

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Kramlich

6. DATE OF BIRTH (month, day, and year) Dec. 27 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Ch Wilm Ins Co

10. Oate deceasad last worked at this occupation (month and year) 2 yrs ins

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Montana (Butte)

FATHER

13. NAME Frank H Kramlich

14. BIRTHPLACE (city or town) (Stata or country) Allentown Pa

MOTHER

15. MAIOEN NAME Mary Dollon

16. BIRTHPLACE (city or town) (Stata or country) Allenton Pa

17. INFORMANT Mrs. Helen E Kramlich (Address) Milford, Del.

18. BURIAL, CREMATION, OR REMOVAL Place Oddfellows Cem Milford Date 3-20, 1940

19. UNDERTAKER Wm F Purdue (Address) milfad, Del

20. FILED 3/12-, 1940 L S Mumford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 17th. (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/17/40, 19, to 3/17/40, 19

I last saw h alive on, 19; death is said did not see him alive

to have occurred on tha date stated ebove, at 4-P- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence wara as follows:

	Date of onset
Dead when I arrived	
~~Organic Heart Lesion~~	
Organic Heart Lesion	

Other Contributory Causes of importance:

Over exertion in climbing a high sand hill in strong wind having walked quite a ways also

Neme of operetion Date of

What test confirmed diagnosis? Wes there an eutopsy?

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Overexertion Heart

Nature of Injury Heart lesion

24. Was diseasa or Injury In any way related to occupation of deceased?

If so, specify Heart Disease

(Signed) M. D.

(Address) Ocean City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

03595

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 76 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2nd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William E. Lambden

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Anna Lambden

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 31 - 1863

8. AGE: Years 76 | Months 9 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Pocomoke City, Worcester, Md
(Town, county, and state)

10. Usual occupation Minister

11. Industry or business Baptist Church

FATHER
12. Name Thomas Lambden
13. Birthplace Maryland

MOTHER
14. Maiden name Catherine Custis
15. Birthplace Virginia

16. Informant Mrs. Anna Lambden

Address Pocomoke City, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 13-1940
(month) (day) (year)

Cemetery or crematory Pitts Creek Cemetery

Location Near Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. March 12 1940
(Date rec'd by registrar)

Anne E. White
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 10 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/10 - 1940, to 3/11 1940, and that I last saw him alive on 3/10 - 1940.

Immediate cause of death: Toxic erhaustion — DURATION: 3 days

Due to: Silicic schlerin — 3 yr

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Wilson
M. D. or other

Address Pocomoke City Date signed 3/11.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127a

CERTIFICATE OF DEATH

03596

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wor
City or town Berlin Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME George Roland Miller.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of husband or wife Charlotte M. Miller.
6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1881

8. AGE:

Years	Months	Days	If less than one day
59	1	9	hrs. min.

9. Birthplace New York.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Wm A. Miller
13. Birthplace New York.
MOTHER 14. Maiden name Margaret Perry
15. Birthplace New York.
16. Informant Mrs. Georg R. Miller.
Address Berlin, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)
Cemetery or crematory Evergreen.
Location Berlin Md.
18. Funeral director J. W. Bishop
Address Berlin Md
19. 3-8- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw h alive on March 4 1940

Immediate cause of death	DURATION
Acute Dilated Heart.	
Due to	
Due to	
Other conditions Chr. Cholecystitis	

(Includo pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Law M. D. or other
Address Berlin Md Date signed 3-7-40

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APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-B)

03597

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Lucy A. Parker

3. (b) Social Security Number: —

4. Sex: Female
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John H. Parker
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): March 3, 1867

8. AGE:

Years	Months	Days	If less than one day
73	0	13	— hrs. — min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Henry Adkins
13. Birthplace: Md

MOTHER
14. Maiden name: Sidney Parsons
15. Birthplace: Md

16. Informant: Mrs. Geo. Aydellotte
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 18. 1940 (month) (day) (year)
Cemetery or crematory: Pittsville Md.
Location: Pittsville Md.

18. Funeral director: J. W. Burbages
Address: Berlin Md.

19. 3-18- 1940 (Date rec'd by registrar) Helen F. Hayward. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 15 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on Mar 14 1940.

Immediate cause of death: Carcinoma of Stomach
Due to
Due to
Other conditions: Chr. Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. R Law M. D. or other
Address: Berlin Md. Date signed: 3-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-a

03598

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Whaleyville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Whaleyville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John Edward Powell

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie Alice Powell

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): March 15, 1869

8. AGE: Years 71 | Months ~~[illegible]~~ | Days = | If less than one day ___ hrs. ___ min.

9. Birthplace: Worcester, Md
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: —

FATHER
12. Name: Kendal Powell
13. Birthplace: Md.

MOTHER
14. Maiden name: Fannie M. Patey
15. Birthplace: Md.

16. Informant: Mrs Sadie Powell
Address: Whaleyville, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/17/40 (month) (day) (year)

Cemetery or crematory: Whaleyville

Location: Whaleyville

18. Funeral director: M. Pasha Watson
Address: Selbyville, Del.

19. 3-17- 1940 (Date rec'd by registrar) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940, to Mar 15 1940, and that I last saw him alive on Mar 14 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Frederick S. Nicoll, M.D.
M. D. or other

Address Berlin, Md. Date signed 3-16-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23rd)

CERTIFICATE OF DEATH

03599

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 80 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia Ellen Powell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Eugene R. Powell
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1860

8. AGE: Years	Months	Days	If less than one day
80	1	9	____ hrs. ____ min.

9. Birthplace md
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Johnson Gray
13. Birthplace md

MOTHER
14. Maiden name Harriett Warrington
15. Birthplace md.

16. Informant Miss Mattie Powell
Address Berlin

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 1 1940 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin md

18. Funeral director J. W. Burbage
Address Berlin md.

19. 4-1- 1940 (Date rec'd by registrar) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 11:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to March 28 1940, and that I last saw h[illegible] alive on March 28 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick S. Nicoll M.D.
M. D. or other
Address Berlin Md Date signed 3-30-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03600

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 52-10-2

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Ethel Purnell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Norman Purnell

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 10 - 1887

8. AGE: Years 52 | Months 10 | Days 2 | If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER 12. Name Charlie Jenkins

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Ellen Vigfas

15. Birthplace Maryland

16. Informant Mattie Dale

Address 714 Paris St Philadelphia Pa.

17. Burial (Burial, cremation, or removal) Date thereof March 17-40 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 3/15 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Heart failure — DURATION Died

Due to Variety unknown

Due to Patient was dead when physician arrived. Could get no history of any kind. — Suddenly

Due to No further information given

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Exam M. D. or other

Address Snow Hill Md Date signed 3/13/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03601

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary Shilby Quillen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband or wife Callie W. Quillen

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1892

8. AGE:

Years	Months	Days	If less than one day
47	4	1	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John H. Parker

13. Birthplace Md

MOTHER 14. Maiden name Lucy Adkins

15. Birthplace Md.

16. Informant Callie W. Quillen

Address Berlin Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Mar 28 1940 (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Berlin Md.

18. Funeral director J. W. Burbage

Address Berlin Md

19. 3-27- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1940, to March 25 1940, and that I last saw h alive on March 24 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	14 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick S. Jarrell, M.D.
M. D. or other

Address Berlin, Md. Date signed 3-27-40.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03602

Reg. Dist. No. 356

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin md R.F.D. No 3
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. No 3
no (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie F. Robbins

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a.g.	Widowed

6 (b) Name of husband or wife George W. Robbins
6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) — — about 1878

8. AGE: Years	Months	Days	If less than one day
70	March	—	____ hrs. ____ min.

9. Birthplace Berlin md (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business no

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mary L. Forman
Address Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 25-1940 (month) (day) (year)
Cemetery or crematory Hemmontown
Location Berlin md

18. Funeral director James H. Stewart
Address Salisbury md

19. 3-29-1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Mar 20 1940, and that I last saw her alive on Mar 19 1940.

Immediate cause of death	DURATION
Carcinoma of fundus of uterus	1 yr.
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick D. Tracy M.D. M. D. or other
Address Berlin Md Date signed 3-22-40

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APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

03603

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin Md R 7 D # 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin Md R 7 D Ward No. # 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary R. Schofield

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow.
6 (b) Name of husband or wife: Isaac Schofield.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan. 8 1869
8. AGE: Years 71 | Months 2 | Days 15 | If less than one day ____ hrs. ____ min.
9. Birthplace: Maryland Snow Hill (Town, county, and state)
10. Usual occupation: Housework.
11. Industry or business ✓
FATHER 12. Name: Handy Brittingham
13. Birthplace: Md.
MOTHER 14. Maiden name: Jane (Unknown)
15. Birthplace: Md.
16. Informant: Edna E. Elliott
Address: Berlin, Md. R 7 D
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 26, 1940 (month) (day) (year)
Cemetery or crematory: Newark
Location: Newark, Md.
18. Funeral director: M. Pascal Watson
Address: Pittsville, Md.
19. 3-25 (Date rec'd by registrar) 1940 Helen T. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 23 1940, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw her alive on Mar 23 1940.

	DURATION
Immediate cause of death: Acute Myocarditis	
Due to:	
Due to:	
Other conditions: Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Chas. R Fow M. D. or other
Address Berlin Md Date signed 3-23-40

RECEIVED
APR 9 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

03604

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke city
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 72-6-13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke city Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Walnut
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George Edgar Schoofield

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Marcia Schoofield
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) August 30, 1867

8. AGE: Years	Months	Days	If less than one day
72	6	13	hrs. min.

9. Birthplace Pocomoke, Worcester, Md
(Town, county, and state)
10. Usual occupation Manufacturing
11. Industry or business

FATHER
12. Name William Schoofield
13. Birthplace Maryland

MOTHER
14. Maiden name Emily Barnes
15. Birthplace Maryland

16. Informant Mrs. Marcia Schoofield
Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16, 1940 (month) (day) (year)
Cemetery or crematory Presbyterian Cemetery
Location Pocomoke City, Md

18. Funeral director Marguette H. Watson
Address Pocomoke city, Md.

19. March 16 1940 Anna E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1940 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to March 13th 1940, and that I last saw him alive on March 13th 1940.

	DURATION
Immediate cause of death	
Acute gastric ulcer	Several minutes
Due to Coronary thrombosis	Weeks
Due to Chronic Myocarditis	D.K.
Other conditions	

(Includa pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. E. Sarbaugh M. D. or other
Address Pocomoke City, Md Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03605

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Schoolfield

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col'd	Widow

6 (b) Name of ~~husband~~ or ~~wife~~ Jno Schoolfield

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown About 1871

8. AGE: Years	Months	Days	If less than one day
About 69	—	—	hrs. min.

9. Birthplace Pocomoke City Md
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Artus Schoolfield
13. Birthplace Pocomoke City, Md

MOTHER
14. Maiden name Eliza --- Unknown
15. Birthplace Worcester County, Md

16. Informant Mattie Purnell
Address Pocomoke City, Md RFD

17. Burial Date thereof 3-13-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. James Cemetery
Location Pocomoke City R.F.D #2

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md

19. March 13 1940 Anna E. Shute
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 2:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Cardiac asthma	3 mos.
Due to Some valvular heart condition, variety unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exr
M. D. or other
Address Snow Hill Md Date signed 3/11/40

RECEIVED
APR 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

03606

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 36 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James H. Taylor

3. (b) Social Security Number —

4. Sex Male

5. Color or race W

6.(a) Single, married, widowed, or divorced married

B (b) Name of husband or wife Lillie M. Taylor

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 29, 1863

8. AGE: Years 76 Months 9 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Sherwood Taylor

13. Birthplace Va.

MOTHER 14. Maiden name Wilkinson

15. Birthplace Va

16. Informant Paul Taylor

Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 28, 1940 (month) (day) (year)

Cemetery or crematory Snow Hill Md

Location Snow Hill

18. Funeral director J. W. Burbage

Address Berlin Md.

19. 3-27- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 6:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940, to March 25 1940, and that I last saw him alive on March 25 1940.

Immediate cause of death Acute cardiac dilatation

DURATION 2 days.

Due to Chronic myocarditis. C.W.S.R. Duration: five years.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick S. Nicoll, M.D. M. D. or other

Address Berlin, Md Date signed 3-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03607

CERTIFICATE OF DEATH

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Bishopville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Bishopville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: James A. Townsend

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19, 1881

8. AGE: Years: 58 | Months: 10 | Days: 16 | If less than one day: hrs. min.

8. Birthplace: Millsboro, Del.

(Town, county, and state)

10. Usual occupation: odd jobs.

11. Industry or business:

FATHER 12. Name: Jacob B. Townsend

13. Birthplace: Del.

MOTHER 14. Maiden name: Eliza M. Williams

15. Birthplace: Md.

16. Informant: Mrs. Nancy Lockerman

Address: Bishopville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-7-40 (month) (day) (year)

Cemetery or crematory: I. O. O. F.

Location: Bishopville, Md.

18. Funeral director: M. Pasha Watson

Address: Selbyville, Del.

19. 3-7 1940 (Date rec'd by registrar) Mrs. Roy Berger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-5- 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-4- 1940, to 3-4- 1940

and that I last saw alive on 3-4- 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 10 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: G E James M. D. or other

Address: Selbyville Date signed 3-7-40

RECEIVED
APR 9 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

95-C

03608

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Newark

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Newark Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Agustus T. Trader

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 16, 1863

8. AGE: Years 67 | Months 0 | Days 7 | If less than one day ___ hrs. ___ min.

8. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Trader

13. Birthplace Md

MOTHER 14. Maiden name Mary A. Harmon

15. Birthplace Md

16. Informant Victoria Harmon

Address Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 25, 1940 (month) (day) (year)

Cemetery or crematory Newark

Location Newark Md

18. Funeral director J. W. Burbage

Address Berlin Md

19. 3/25 1940 LeRoy Smith, (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 25 1940, at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw h — alive on — 19 ___.

Immediate cause of death: Heart failure, variety unknown

Due to Patient was dead when physician arrived. People ignorant. No further information. CWGR.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other

Address Snow Hill Md Date signed 3/23/40

RECEIVED
APR 4 1940
BUREAU V. S.